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B933 759U 07/11/2008

DUANE MORRIS, LLP  
 IP DEPARTMENT  
 30 SOUTH 17TH STREET  
 PHILADELPHIA, PA 19103-4196

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Maria E. Provencio (Depositor's name)  
 Maria E. Provencio (Signature)  
 October 13, 2008 (Date)

10/14/2008 HDEHES2 00000069 041679 10743985

01 FC:1501 1510.00 DA  
 02 FC:1501 1510.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10743985	12/22/2003	Shui-Ming Cheng	N1085-00168	9060

TITLE OF INVENTION: BODY CONTACT FORMATION IN PARTIALLY DEPLETED SILICON ON INSULATOR DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	10/14/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
MENZ, LAURA MARY	2813	257-347000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Duane Morris LLP  
 2  
 3

### 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

TAIWAN SEMICONDUCTOR  
 MANUFACTURING CO., LTD.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

HSIN-CHU, TAIWAN 300-77, R.O.C.

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

### 4a. The following fee(s) are submitted:

☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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### 4b. Payment of Fee(s): (Please first recopy any previously paid issue fee shown above)

☐ A check is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 04-1679 (enclose an extra copy of this form).

### 5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Mark J. Marcelli

Date October 13, 2008

Typed or printed name

Mark J. Marcelli

Registration No. 36,593

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Maria E. Provencio (Depositor's name)  
Maria E. Provencio (Signature)  
October 13, 2008 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/743,985	12/22/2003	Shui-Ming Cheng	N1085-00168	9060

TITLE OF INVENTION: BODY CONTACT FORMATION IN PARTIALLY DEPLETED SILICON ON INSULATOR DEVICE

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MENZ, LAURA MARY	2813	257-347000

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1 Duane Morris LLP

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HSIN-CHU, TAIWAN 300-77, R.O.C.

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Authorized Signature

Mark J. Marcelli

Date October 13, 2008

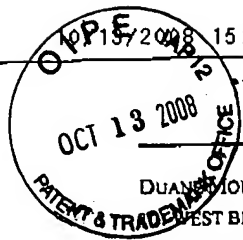
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Mark J. Marcelli

Registration No. 36,593

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DUANE MORRIS LLP  
WEST BROADWAY, SUITE 900  
SAN DIEGO, CA 92101  
PHONE: 619.744.2200  
FAX: 619 744 2201

Attorney Docket No.: N1085-00168  
TSMC2003-0219

## FACSIMILE TRANSMITTAL SHEET

In re application of: **Shui-Ming Cheng**

Examiner: **Menz, Laura Mary**

Serial No.: **10/743,985**

Group Art Unit: **2813**

Filed: **12/22/2003**

Confirmation No.: **9060**

For: **BODY CONTACT FORMATION IN PARTIALLY DEPLETED SILICON ON INSULATOR DEVICE**

To: Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

FACSIMILE NUMBER: 571-273-2885

**CONFIRMATION**

**TELEPHONE:**

FROM: Mark J. Marcelli

DIRECT DIAL: 619.744.2243

DATE: October 13, 2008

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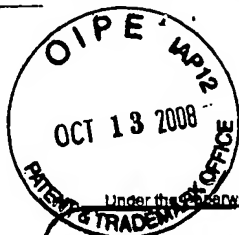
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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/743,985
Filing Date	12/22/2003
First Named Inventor	Shui-Ming Cheng
Art Unit	2813
Examiner Name	Menz, Laura Mary
Attorney Docket Number	N1085-00168

### ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTOL-85 Part B - Fee(s) Transmittal for Issue Fee Payment (in duplicate)
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Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Duane Morris LLP		
Signature	<i>Mark J. Marcelli</i>		
Printed name	Mark J. Marcelli		
Date	October 13, 2008	Reg. No.	36,593

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Signature	<i>Maria E. Provencio</i>		
Typed or printed name	Maria E. Provencio	Date	October 13, 2008

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DM2/1597667